

HISTORY FACILITY PROFILE

ROCKY MOUNTAIN CARE BOUNTIFUL PROVIDER #: 465068 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 350 SOUTH 400 EAST PHONE NUMBER: (801) 397-4700 TOTAL: 102
 BOUNTIFUL UT 84010 PARTICIPATION DATE: 12/06/1977 CERTIFIED: 102 TYPE OWNERSHIP: NONPROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 09/23/2002	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 102
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TOTAL: 82	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 6	SUSPENSION RESCINDED:	-- -- --
MEDICAID: 51		102
OTHER: 25		

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY 06/1999	S/S CODE	PRIOR 2 SURVEY 08/2000	S/S CODE	PRIOR 1 SURVEY 11/2001	S/S CODE	CURRENT SURVEY 09/23/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	D								REQ F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
X	D								REQ F0254-CLEAN LINENS IN GOOD CONDITION
X	D								REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	E								REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
X	E								REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
		X		D					REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
X	E								REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	D								REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	E				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	E								REQ F0463-RESIDENT CALL SYSTEM

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 06/1999	PRIOR 2 SURVEY 07/2000	PRIOR 1 SURVEY 11/2001	CURRENT SURVEY 09/23/2002	PLAN/DATE OF CORRECTION
X			X P	12/15/2002
	X		X P	10/08/2002
X			X P	09/24/2002
X			X N	
X	X	X	X N	
X				
	X			
X		X		
X	X	X	X N	
X	X	X		

LSC DEFICIENCIES - BLDG NO. 01

K0021-DOORS IN FIRE AND SMOKE PARTITIONS
 K0027-DOORS IN SMOKE PARTITIONS
 K0029-HAZARDOUS AREAS - SEPARATION
 K0038-EXIT ACCESS
 K0046-EMERGENCY LIGHTING
 K0050-FIRE DRILLS
 K0051-FIRE ALARM SYSTEM
 K0056-AUTOMATIC SPRINKLER SYSTEM
 K0062-SPRINKLER SYSTEM MAINTENANCE
 K0066-SMOKING REGULATIONS
 K0070-SPACE HEATERS
 K0072-FURNISHING AND DECORATIONS
 K0104-PENETRATIONS OF SMOKE BARRIERS
 K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	1	1	8
HEALTH TOTAL	0	1	1	8
LIFE SAFETY CODE	5	4	5	9
LIFE SAFETY CODE + HEALTH	5	5	6	17

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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02/14/2000	UNSUBSTANTIATED
01/30/2001	UNSUBSTANTIATED
10/11/2001	UNSUBSTANTIATED
09/23/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT